

Business Activities

Submit the Business Activities page and the Business Owner/Operator Identification page (OES Form 2730), for all submissions. NOTE: The numbering of the instructions follows the data element numbers that are on this form. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, and the Business Section of the Unified Program Data Dictionary. Please number all pages of your submittal. This helps the San Diego County, Department of Environmental Health (DEH), Hazardous Materials Division (HMD) identify whether the submittal is complete and if any pages are separated.

1. **FACILITY ID NUMBER** - Enter the 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility Permit, leave this blank.
2. **EPA ID NUMBER** - Enter your facility's 12-character U.S. EPA ID #. If you do not have a number, contact the Department of Toxic Substances Control (DTSC) at (800) - 61-TOXIC or (800) 618-6942, to obtain one.
3. **BUSINESS NAME** - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business As.
4. **HAZARDOUS MATERIALS ONSITE** - Check the appropriate box to indicate whether you have a hazardous material onsite in the quantities listed in section A of this form. If "Yes", then you must then complete the Business Owner/Operator Identification page (OES Form 2730) and the Hazardous Materials Inventory - Chemical Description page (OES Form 2731), as well as a complete Hazardous Materials Business Plan (see HMD form DEH:HM952).
5. **OWN OR OPERATE UNDERGROUND STORAGE TANK (UST)** - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) Section 25316. If "YES," then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a monitoring program plan (See HMD handout DEH:HM9222).
6. **UPGRADE/INSTALL UST** - Check the appropriate box to indicate whether you intend to install or upgrade USTs containing hazardous substances as defined in HSC Section 25316. If "YES," then you must complete the UST Installation - Certificate of Compliance page in addition to UST Facility and Tank pages, plot plan and monitoring program plan and the DEH installation, upgrade permit applications. Contact the HMD at (800) 253-9933.
7. **UST CLOSURE** - Check the appropriate box if you are closing an UST and complete the closure portion of the UST Tank pages for each tank. Submit a DEH closure application.
8. **OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (AST)** - Check the appropriate box to indicate whether there are ASTs onsite which exceed the regulatory thresholds. This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC Section 25270.2 (g)).
9. **HAZARDOUS WASTE GENERATOR** - Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC §25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. **RECYCLE** - Check the appropriate box to indicate whether your facility recycles more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC Section 25143.2. Check "YES" and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check "NO" if you only send recyclable materials to an offsite recycler. You do not need to report.
11. **ONSITE HAZARDOUS WASTE TREATMENT** - Check the appropriate box to indicate whether your facility engages in onsite treatment of hazardous waste. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. Please contact the HMD to determine if any exemptions apply to your facility. If your facility engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages with waste and treatment process information for each unit.
12. **FINANCIAL ASSURANCE** - Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR Section 67450.13 (b) and HSC Section 25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
13. **REMOTE WASTE CONSOLIDATION SITE** - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer "YES" if you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC Section 25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.
14. **HAZARDOUS WASTE TANK CLOSURE** - Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on:
 - Your knowledge of the tank and its contents
 - The mixture rule
 - Testing of the tank
 - The listed wastes in 40 CFR 261.31 or 40 CFR 261.32.
 - Inability to remove hazardous materials stored in the tank.If the tank being closed would be classified as hazardous waste after its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page.
15. **LOCAL REQUIREMENTS** - If you generate Medical Waste you are required to obtain a Health Permit and submit a Biomedical Waste Management Plan. In addition to this, if you generate ≥200 lbs on medical waste per month and treat any amount of medical waste on site you may be required to apply for a medical waste treatment permit with the HMD. **TOXIC GASES:** If you handle toxic gases with threshold limit concentration (TLV) ≤10 ppm in any quantity, you are required to obtain a Health Permit and submit an HMD Hazardous Materials Business Plan.